

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09685077

FILING DATE

10-26-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51		✓				
2	✓						52		✓				
3	✓						53	✓					
4		✓					54		✓				
5		✓					55		✓				
6		✓					56		✓				
7		✓					57		✓				
8	✓						58						
9	✓						59						
10	✓						60						
11		✓					61						
12		✓					62						
13		✓					63						
14		✓					64						
15	✓						65						
16	✓						66						
17	✓						67						
18		✓					68						
19		✓					69						
20		✓					70						
21		✓					71						
22	✓						72						
23	✓						73						
24	✓						74						
25		✓					75						
26		✓					76						
27		✓					77						
28		✓					78						
29	✓						79						
30	✓						80						
31	✓						81						
32		✓					82						
33		✓					83						
34		✓					84						
35		✓					85						
36	✓						86						
37	✓						87						
38	✓						88						
39		✓					89						
40		✓					90						
41		✓					91						
42		✓					92						
43	✓						93						
44		✓					94						
45		✓					95						
46		✓					96						
47		✓					97						
48	✓						98						
49		✓					99						
50		✓					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	21	↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	36	↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	57					

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